2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009698

Name:

Address:

City-St-Zip:

KRUGER, DAVID F

4610 S.W. 43 RD AVE.

DANIA BEACH, FL 33314 US

FILED Apr 15, 2009 Secretary of State

Entity Name: MPPA - INC.				
Current Principal Place of Business:		New Principal Place	of Business:	
10471 NW SUNRISE,				
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
10471 NW SUNRISE,				
FEI Number:	65-0317440 FEI Number Applied Fo	r () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
MOODY, E 10471 NW SUNRISE,	21 CT. FL 33322 US			
	named entity submits this statement to e of Florida.	for the purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR				
	Electronic Signature of Registe	ered Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete MOODY, DONALD 10471 NW 21 CT. SUNRISE, FL 33322 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete PERDUE, JAMES A 395 NW 89 LN. CORAL SPRINGS, FL 33071 US	Title: D Name: PERDUE, J. Address: 3106 NW 1 City-St-Zip: CORAL SPR		
Title: Name: Address: City-St-Zip:	P () Delete MILAM, BILL F 14135 LANGLEY PLACE DAVIE, FL 33325 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BRADLEY, LINDWELL 5333 NW 89 AVE. SUNRISE, FL 33351 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID F. KRUGER T 04/15/2009